



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : John V. Frangioni et al. Art Unit : 3737
Appln. No.: 10/772,425 Examiner : Not yet assigned
Filed : February 6, 2004
Title : MATERIALS AND METHODS FOR NEAR-INFRARED AND INFRARED LYMPH NODE MAPPING

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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

As a means of complying with the duty of disclosure under 37 CFR §1.56, and in accordance with 37 CFR §§1.97 and 1.98, Applicants, through the undersigned attorney, submit this Supplemental Information Disclosure Statement along with the attached form PTO-1449. Applicants also submit a copy of the International Search Report.

No fees are believed to be due. Please apply any charges or credits to Deposit Account No. 19-4293.

Respectfully submitted,

Date: 11-23-05



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| Substitute Form PTO-1449 (Modified) | | U.S. Department of Commerce Patent and Trademark Office | | Attorney's Docket No. 14952.0319 | Application No. 10/772,425 |
| Information Disclosure Statement by Applicant (Use several sheets if necessary) (37 CFR §1.98(b)) | | Applicant John V. Frangioni et al. Filing Date February 6, 2004 | | | |
| | | | | Group Art Unit 3737 | |

| U.S. Patent Documents | | | | | | | |
|-----------------------|-----------|---------------|------------|---------------|-------|----------|----------------------------|
| Examiner Initial | Desig. ID | Patent Number | Issue Date | Patentee | Class | Subclass | Filing Date If Appropriate |
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| Foreign Patent Documents or Published Foreign Patent Applications | | | | | | | |
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| Examiner Initial | Desig. ID | Document Number | Publication Date | Country or Patent Office | Class | Subclass | Translation |
| | | | | | | | Yes No |
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| Other Documents (include Author, Title, Date, and Place of Publication) | | |
|---|-----------|----------|
| Examiner Initial | Desig. ID | Document |
| | | |

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| Examiner Signature | Date Considered |
| EXAMINER: Initials citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. | |